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IA NUMBER: PCT/	SE99 / 01259	IA FILING DATE:	07 / 12 / 99
FAMILY NAME:	HORPPU	DELAY WAIVED (Y/N):	Y
VEN NAME:	PETRI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 15 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
TORNEY DOCKET NUMBER:	1103326-0584	COUNTRY:	SEX
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APPLICATION TITLES:			
	MOUNTING APPARATUS		

TAB TO LAST POSITION,PUSH SEND



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CONFIRMATION NO. 2727

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/380,519	<b>FILING DATE</b> 09/03/1999 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 1103326-0584
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/SE99/01259 07/12/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

SWEDEN 9802553-9 07/15/1998  
SWEDEN 9901998-6 05/31/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 6
Verified and Acknowledged	Examiner's Signature _____	Initials _____			

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**TITLE**

Elastic surgical ring clip/loader and a method

<b>FILING FEE RECEIVED</b> 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
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